|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| KAP: Adults and Adolescents1. If you could **change** or **improve** three things in your community, what would they be?

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| *Do* ***not*** *read the options; it is okay if they only provide 1-2 answers.*[ ]  Standing water [ ]  Environmental/Pollution[ ]  Stray animals[ ]  Crime/Gangs/Safety[ ]  Potable water distribution[ ]  Drugs[ ]  Electricity[ ]  Teen pregnancy[ ]  Sexually transmitted diseases/HIV[ ]  Diseases transmitted by mosquitoes (dengue, Zika, chikungunya)[ ]  Debris [ ]  Lack of sewage system[ ]  Children’s health[ ]  Maintenance of green spaces[ ]  Flies, no-see-ums, other insects[ ]  Mosquitoes [ ]  Homelessness [ ]  Trash removal[ ]  Messy or dirty neighborhood[ ]  None[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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2. *In the* ***last 12 months***, since this month of the past year, which of the following sources have you used to **obtain health information**?*Probe if necessary. Select all that apply.*

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| [ ]  School[ ]  Brochures [ ]  Internet[ ]  Children[ ]  Newspapers/magazines[ ]  Official spokespeople[ ]  Health professionals[ ]  Radio | [ ]  Social networks (Facebook,  Twitter, Instagram)[ ]  Community  meetings[ ]  TV[ ]  Neighbors[ ]  WhatsApp |

 |  |

3. Do you think that **mosquitoes** **transmit** diseases?  [ ]  Yes | [ ]  No4. *In the* ***next******12 months***, how much risk do you think there is in this house of becoming sick with:

|  |  |
| --- | --- |
| a. Dengue | [ ]  High | [ ]  Low | [ ]  None[ ]  None because I have had it |
| b. Zika | [ ]  High | [ ]  Low | [ ]  None[ ]  None because I have had it |
| c. Chikungunya | [ ]  High | [ ]  Low | [ ]  None[ ]  None because I have had it |

5. Would you go to the doctor if you thought you had chikungunya, dengue, o Zika?

|  |
| --- |
| [ ]  Yes | [ ]  No | [ ]  Only if the symptoms were severe |

11. Do you think controlling **mosquito-breeding sites** is a good strategy to prevent mosquito-borne diseases? [ ]  Yes | [ ]  No 12. *In the* ***last 12 months***, have you **spoken** with any of the following people about how to **control** mosquitoes?a. Your family [ ]  Yes | [ ]  Nob. Your neighbors [ ]  Yes | [ ]  Noc. Your community [ ]  Yes | [ ]  No13. Do you think that **your community should do more** to **control** mosquitoes? [ ]  Yes | [ ]  No 14. Who do you think is **responsible** for **controlling** mosquitoes?

|  |  |
| --- | --- |
| a. The government and/or the Department of Health? | [ ]  Yes | [ ]  No |
| b. You? | [ ]  Yes | [ ]  No |

15. Do you think it is worth it to **invest time and money** each month to **control mosquitoes** inside and outside the house? [ ]  Yes | [ ]  No  |  | KAP: Adults and Adolescents6. Do you think that diseases transmitted by mosquitos such as dengue, Zika and chikungunya are a problem in your community? [ ]  Yes | [ ]  No 7. Have you used **mosquito repellent** in the ***last 30 days***? [ ]  Yes | [ ]  No7a. What **type of repellant** have you used to prevent mosquito bites?

|  |  |
| --- | --- |
| [ ]  Citronella[ ]  Store-bought spray (Off)[ ]  Cream[ ]  Towelettes | [ ]  Natural/Artisanal/ Homemade  repellants [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

8. In the ***last 12 months,*** how often have you used a **mosquito net**?

|  |
| --- |
| [ ]  Daily[ ]  One time per week[ ]  One time per month[ ]  Rarely[ ]  Never |

9. **Where** do mosquitoes bite you most frequently? *Read the options. Select all that apply.*[ ]  Around the house outside [ ]  Inside the house[ ]  Work[ ]  School[ ]  Community sports field[ ]  Somewhere else in the community[ ]  Somewhere else outside of the community[ ]  Mosquitoes do not bite meA **mosquito-breeding site** is anything that retains water that enables mosquitoes to reproduce. Mosquitoes can even reproduce in an area as small as a bottle cap. 10. Currently, what are the **most** **common** mosquito **breeding sites** in this community? *Select all that apply, do* ***not*** *read the options.*[ ]  Hollow trees[ ]  Abandoned houses[ ]  Neighbors’ houses[ ]  Garbage containers[ ]  Drains[ ]  Debris from hurricane[ ]  Tires[ ]  Other containers[ ]  Pools in abandoned houses[ ]  Untreated pools[ ]  Septic tanks[ ]  Soil[ ]  Rooves[ ]  There are no breeding sites[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_16. Did you know that we would be here in your community? [ ]  Yes | [ ]  No 16a. How did you find out that we would be in your community?

|  |
| --- |
| [ ]  Through the community leader[ ]  Informational flyer[ ]  Through someone else 🡪Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Facebook 🡪 Which page? .[ ]  Loud speaker  🡪 Where? \_ .[ ]  Radio  🡪 Which station? \_ .[ ]  Street banner[ ]  Newspaper  🡪 Which one? .[ ]  Other: . |

**Participant ID:** P **Participant Laboratory Data****\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_** Month Day  Year**Collection Date:**  **\*\*Project flag:\*\*** *Fever in last 7 days* No: **COPA** Yes: **COPA\_SYM****PARTICIPANT BARCODE**YesNo |